



HEALTH STARTS AT HOME
LA SANTÉ COMMENCE CHEZ SOI

Donation Form

Please complete and mail, fax or email this form to:

VON Canada

100-2315 St. Laurent Blvd, Ottawa, Ontario, K1G 4J8

Tel: (613) 288-3482 (Toll free) 1-888-VON-CARE

Fax: (613) 230-4376 or Email: fd@von.ca

Visit www.GiveToVON.ca to make a secure online donation.

Contact Information

First Name		Last Name / Organization	
Address		City	
Telephone	()	Ext:	Province
			Postal Code
Email Address		Country	
How did you hear about VON?			
For recognition purposes, I would like to be identified as:			

Donation Information

<input type="checkbox"/>	I wish to make a donation to VON Canada that will benefit the entire Victorian Order of Nurses
<input type="checkbox"/>	Please direct my donation to a specific site: _____
<input type="checkbox"/>	I wish to make a donation to the Dr. Helen Mussallem VON Education Fund or Dr. Judith Shamian Management and Leadership Education Fund (please circle)
<input type="checkbox"/>	I wish to make a donation to the Clinical Mobility Campaign
<input type="checkbox"/>	Please direct my donation to a specific VON program area: _____
<input type="checkbox"/>	* I would like to make a Tribute/In Memoriam Gift Donation in the honour of: _____
	* If you are making a <i>Tribute/Memoriam Gift Donation</i> , please include the full address of the person you are acknowledging separately so we may send a letter of acknowledgement.

Donation Amount \$

Payment Information

<input type="checkbox"/>	Cheque: Please make payable to VON Canada
<input type="checkbox"/>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
<input type="checkbox"/>	Card Holder Name: _____
	Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____